

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 15 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000814**

1. Limited Liability Company's Name

**TONY RISO COMPANY, L.C.**

2. Principal Office Address

**2641 NE 186<sup>TH</sup> TERRACE**

Suite, Apt. #, etc.

**N/A**

City & State

**NORTH MIAMI BEACH, FL**

Zip

**33180**

Country

**USA**

3. Mailing Office Address

**2641 NE 186<sup>TH</sup> TERRACE**

Suite, Apt. #, etc.

**N/A**

City & State

**NORTH MIAMI BEACH, FL**

Zip

**33180**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**07/29/1997**

6. FEI Number

**650770747**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**BENJY BARUCH ATKIN**

Street Address (P.O. Box Number is Not Acceptable)

**2641 NE 186<sup>TH</sup> TERRACE**

Suite, Apt. #, Etc.

**N/A**

City

**NORTH MIAMI BEACH**

State

**FL**

Zip Code

**33180**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date

**10 Oct 02**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BENJY BARUCH ATKIN	2641 NE 186 <sup>TH</sup> TERRACE	NORTH MIAMI BEACH, FL

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager



Date

**10 Oct 02**

Daytime Phone #

**305/466-5681**

Typed or printed name of signing Managing Member/Manager

**BENJY BARUCH ATKIN**